State/Local ID:

Coronavirus Disease 2019 (COVID-19)
Bozeman Health Healthcare Personnel Risk

Purpose: This tool is intended to assist with risk assessment for healthcare personnel (HCP) exposed in healthcare settings to laboratory confirmed COVID-19 individuals or persons undergoing investigation for COVID-19 (PUI).

I. Interview Information

Date of Assessment: MM / DD / YYYY

Facility conducting the assessment? □ Facility of potential exposure □ Local Health Department

Facility Address:_____

Name of Person Conducting the Assessment: _____

Phone number:_____

Email address:_____

Who is providing information about the healthcare worker?

☐ Self (the healthcare worker) ☐ Other, specify person and reason:_____

II. Healthcare Personnel (HCP) Contact Information

Last Name:_____ First Name: _____

DOB:_____ Age:_____ Sex: □ Male □ Female

Home Street Address:_____ Apt. # _____

City:_____ County:_____ State:_____

Phone number:_____ Email address: _____

Emergency Contact:

Last Name:_____ First Name: _____

Phone Number: _____

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III. Healthcare Personnel Occupation

- ☐ Admission/reception clerks
- ☐ Case Manager
- ☐ Environmental services/Cleaning Staff
- ☐ Facilities/maintenance worker
- ☐ Food services worker/Dietary
- ☐ Infection Control Team
- ☐ Laboratory worker
- ☐ Advanced Practice Clinician: Physician assistant/Nurse Practitioner
- ☐ Nurse (Specify: LPN, RN, nursing assistant, other): _____
- ☐ Occupational therapist
- ☐ Pharmacist
- ☐ Phlebotomist
- ☐ Physical therapist
- ☐ Physician
- ☐ Radiology technician
- ☐ Respiratory therapist
- ☐ Social Worker/Spiritual Guidance
- ☐ Speech therapist
- ☐ Student (specify type): _____
- ☐ Transport
- ☐ Volunteer (specify role): _____
- ☐ Other: _____

IV. COVID-19 Case-Patient Information

Note: The individuals with laboratory confirmed COVID-19 or persons undergoing investigation (PUI) for COVID-19 will be referred to as COVID-19 case from this point forward.

**If the HCP was exposed to multiple COVID-19 cases, complete a separate form for each COVID-19 case.*

Is/was the COVID-19 case:

☐ Inpatient ☐ Outpatient ☐ Employee ☐ Family member visiting a patient

☐ Non-family visitor to a patient ☐ Unknown ☐ Other: _____

Date of illness onset of COVID-19 case: MM / DD / YYYY

Notes:

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V. Exposures to a COVID-19 Infected Patient	
1. Date of visit or admission date of the COVID-19 case: Discharge date, if applicable: Date of death, if applicable:	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY
2. Was the HCP wearing appropriate PPE?	☐ Yes – STOP HERE – LOW RISK ☐ No - continue to #3
3. Was the exposure during an aerosol-generating or high-risk procedure?	☐ Yes - STOP HERE – MEDIUM/HIGH RISK ☐ No - continue to #4
4. Was the HCP in close contact with the COVID-19 case for more than 3 minutes? **OR** Did the HCP have unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).	☐ Yes – continue to #5 ☐ No – STOP HERE – LOW RISK
5. Is the COVID-19 case laboratory confirmed? **OR** Is the COVID-19 case a person undergoing investigation for COVID-19 (PUI)?	☐ Laboratory confirmed COVID-19 - STOP HERE – MEDIUM/HIGH RISK ☐ PUI – continue to work, await COVID-19 test results of PUI, and proceed to #6
6. PUI COVID-19 test result:	☐ Positive - STOP HERE – MEDIUM/HIGH RISK ☐ Negative – STOP HERE – LOW RISK

Risk Level Assignment: ☐ **High** ☐ **Medium** ☐ **Low** ☐ **No Identifiable Risk**

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VI. Healthcare Personnel Symptom Assessment	
1. Have you experienced fever[1] or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) in the period since the COVID-19 patient was admitted?	□ Yes □ No □ Unsure
2. Date of first symptom onset:	MM / DD / YYYY
3. Please check all symptoms that you are experiencing, and date of onset for each:	□ Cough – onset: _____ □ Sore throat – onset: _____ □ Shortness of breath – onset: _____ □ Fever – onset: _____ highest temp: _____
4. Please check any other symptoms you are also experiencing:	□ Chills □ Vomiting □ Nausea □ Diarrhea □ Headache □ Fatigue □ General Malaise □ Rash □ Conjunctivitis □ Muscle Aches □ Joint Aches □ Loss of Appetite □ Nose Bleed □ Other: _____

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